

Jetstream G2 NXT Revascularization Catheter

COMPANY	Pathway Medical Technologies, Inc.
PHONE	(425) 636-4000
WEB	www.pathwaymedical.com

KEY FEATURES

- 7-F-compatible differential cutting technology
- · Expandable blade technology
- · Highly efficient aspiration

The Jetstream G2 NXT revascularization catheter (Pathway Medical Technologies, Inc., Kirkland, WA) is a peripheral atherectomy catheter that utilizes an expandable cutting-tip design to safely debulk material from

peripheral vessels to more effectively treat peripheral artery disease (PAD). Distal ports provide aspiration and infusion functions to remove hard and soft plaque, calcium, thrombi, and fibrotic lesions with consistent clinical results.



According to the company, the 7-F compatibility of this device allows physicians to use the Jetstream G2 NXT for treatment of the entire spectrum of disease in a more diverse patient population, which significantly expands the number of patients who can now benefit from this technology. "The 7-F-compatible Jetstream G2 NXT is nearly identical to Jetstream G2 but has the advantages associated with smaller sheath technology," said Robert Bersin, MD, director of endovascular services and director of clinical research at Seattle Cardiology. "As such, it expands my ability to treat more anatomies and patients with varying degrees of PAD."

Glidewire Advantage Peripheral Guidewire

COMPANY	Terumo Interventional
	Systems
PHONE	(800) 862-4143
WEB	www.terumois.com
KEY FEATURES	

- Distal end allows navigation to and crossing lesions
- Spiral PTFE coating on the proximal end supports device delivery
- Maintains access and eliminates multiple wire exchanges

The Glidewire Advantage Peripheral Guidewire (Terumo Interventional Systems, Somerset, NJ) is a single wire that enables the operator to cross the lesion and deliver interventional devices, such as balloons and stents.

The one-wire approach has the potential to shorten procedure time, as well as reduce the risk of complications that could be associated with multiple wire exchanges.

Based on Terumo's gold standard hydrophilic guidewire technology, the Glidewire Advantage provides endovascular interventionists with navigational ease at the distal end and the additional benefit of proximal-end torque control and support.



"On selected cases, this may be the only wire we use," said Vikram S. Kashyap, MD, Associate Professor of Surgery, Department of Vascular Surgery, Cleveland Clinic Lerner College of Medicine. "Thus, access, sheath placement, and intervention can be performed using the Glidewire Advantage and negating two or three other wire choices."



Zilver PTX Drug-Eluting Peripheral Stent

COMPANY	Cook Medical
PHONE	(800) 457-4500
WEB	www.zilverptxtrial.com

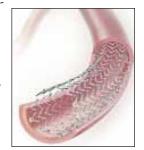
KEY FEATURES

- Drug-eluting peripheral stent laser-cut from nitinol tubing
- · Polymer-free technology
- Coated with paclitaxel, an antiproliferative drug
- · Unique self-expanding geometry

The Zilver PTX (Cook Medical, Bloomington, IN) is a drug-eluting peripheral stent that is laser-cut from nitinol tubing. A polymer-free technology is used to coat the device with paclitaxel, an antiproliferative drug that has been proven to prevent the renarrowing of coronary arteries and is projected to have the same effectiveness in the peripheral arteries. Its unique self-expanding geometry prevents the Zilver PTX

from shortening upon deployment, a property that, together with gold markers at each end, greatly improves the accuracy of stent placement, the company stated.

In the ongoing Zilver PTX Registry study involving 792 patients from across the world, 82% of patients treated with the Zilver PTX were free from reintervention at 2-year follow-up. Data from the registry arm of the study, which enrolled a broad spectrum of



patients including those with complex lesions (eg, long and complex lesions, occlusions, in-stent restenosis) were compiled at 12 and 24 months for 593 patients and 177 patients, respectively. The corresponding event-free survival rates were 87% and 78%, and freedom from target lesion revascularization was 89% and 82%.

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